

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/02/2015

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:

NYR000217521

INSTALLATION NAME:

FOXGATE AT ISLIP

INSTALLATION ADDRESS:

725 EASTVIEW DR

CENTRAL ISLIP, NY 11722

MAILING ADDRESS:

725 EASTVIEW DR

CENTRAL ISLIP, NY 11722

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-4437

TO: FOXGATE AT ISLIP

or Current Occupant

ATTN: J

JENNIFER JOHNSON

725 EASTVIEW DR

CENTRAL ISLIP, NY 11722

New

| 3 | FOI | MPLETED RM TO: | United States Environmental Protection Agency | | | | | |
|-------|--|--|--|---------------------------|--|----------------------------------|--|--|
| 25 + | | e Appropriate te or Regional ce. | RCRA SUBTITLE C SITE IDENTIFICATION FORM GRAMS BRANCH | | | | | |
| 61-83 | 1. | Reason for Submittal | Reason for Submittal: To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) | | | | | |
| 031-7 | В | MARK ALL OX(ES) THAT APPLY | □ To provide a Subsequent Notification (to update site identification information for this location) □ As a component of a First RCRA Hazardous Waste Part A Permit Application □ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) □ As a component of the Hazardous Waste Report (If marked, see sub-bullet below) □ Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or | | | | | |
| 150 | 2. | Site EPA ID Number | LQG regulations) | 0 0 2 1 7 | in one or more months of the report $5 2 1 $ | year (or State equivalent | | |
| 9 | 3. | Site Name | Name: Foxgate at Islip | | V-100 | | | |
| 1 | | | Street Address: 725 Eastview Drive | | 19)2 | | | |
| 8 | | Information | City, Town, or Village: Central Islip | | | County: Suffolk | | |
| 1 | | | State: NY | Country: United Sta | ates | Zip Code: 11722 | | |
| 1 | 5. | Site Land Type | ☑ Private ☐ County ☐ Dist | rict DFederal | Tribal Municipal | State Other | | |
| 5 | 6. | NAICS Code(s) for the Site (at least 5-digit codes) | A. 2 3 6 1 | 1 6 | с | | | |
| 3 |) | | В. | | D | | | |
|) | 7. | Site Mailing Address | Street or P.O. Box: 725 Eastview Drive | | | | | |
| 1 | | | City, Town, or Village: Central Islip | *** | | | | |
| 1 | | | State: NY | Country: United Sta | ates | Zip Code: 11722 | | |
| 1 | 8. | Site Contact Person | First Name: Jennifer | MI: Last: J | ohnson | | | |
| 1 | | | Title: Construction Administrator | | | | | |
| 3 | | | Street or P.O. Box: 725 Eastview Drive | | | | | |
| T | | | City, Town or Village: Central Islip | | | | | |
| Y | | | State: NY | Country: United Sta | ates | Zip Code: 11722 | | |
| P | | | Email: jjohnson@jobcorc.com | | | | | |
| 3 | | | Phone: 631-761-9395 | Ext.: | | Fax: 631-761-9397 | | |
| Y | 1 | and Operator of the Site | A. Name of Site's Legal Owner: Cer | ntral Islip Associates | LLC | Date Became Owner: 11/16/2006 | | |
| 4 | 0 | | Type: Private County | | eral Tribal Municipal | State Other | | |
| 3 | | | Street or P.O. Box: 277 Northern Bl | vd. | 25 - 15 - 15 - 15 - 15 - 15 - 15 - 15 - | | | |
| 1 | | | City, Town, or Village: Great Neck | 1 | | Phone: 516-747-0050 | | |
| | | | | | | Zip Code: 11021 | | |
| | B. Name of Site's Operator: East View Construction LLC Date Became Operator: 4/28 | | | | | | | |
| | | | Operator Private County | District D _{Fed} | eral Tribal Municipal | State Other | | |
| li | EPA M | A Form 8700-12 May 2/17 | , 8700-13 A/B, 8700-23 /15 12:10 Spoke W | ith Jenny | les 2/24/15 12:35 | Page 1 of <u>4</u> | | |

| EPA ID Number | | | | | OMB#: 2050-0024; Expires 01/31/2017 | | | |
|---|--|--|--|---|--|--|--|--|
| Type of Regulated Waste Activity (at your site) Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed. | | | | | | | | |
| A. Hazardous Wa | ste Activitio | es; Complete all parts 1-10 | | | | | | |
| | | f Hazardous Waste rk only one of the following | g – a, b, or c. | Y N V | Transporter of Hazardous Waste If "Yes," mark all that apply. | | | |
| ✓ a. | LQG: | Generates, in any calendar (2,200 lbs/mo.) or more of h Generates, in any calendar accumulates at any time, m (2.2 lbs/mo) of acute hazard | nazardous waste; or month, or lore than 1 kg/mo |) | a. Transporter b. Transfer Facility (at your site) | | | |
| | Generates, in any calendar mor accumulates at any time, more (220 lbs/mo) of acute hazardous material. | | month, or ore than 100 kg/mo | | Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities. Recycler of Hazardous Waste | | | |
| □ b. | SQG: | 100 to 1,000 kg/mo (220 – 2 non-acute hazardous waste | 2,200 lbs/mo) of | | | | | |
| c. | CESQG: | Less than 100 kg/mo (220 li hazardous waste. | | Y N 🗸 | Exempt Boiler and/or Industrial Furnace If "Yes," mark all that apply. | | | |
| If "Yes" abov | re, indicate | other generator activities | in 2-10. | [| a. Small Quantity On-site Burner Exemption b. Smelting, Melting, and Refining | | | |
| eve | ent and not f | enerator (generate from a sh from on-going processes). If the Comments section. | nort-term or one-time "Yes," provide an | ļ | Furnace Exemption | | | |
| Y | ited States | Importer of Hazardous Wa | aste | Y N 🗸 | 9. Underground Injection Control | | | |
| Y | ced Waste (| (hazardous and radioactive | e) Generator | Y N V | 10. Receives Hazardous Waste from Off-site | | | |
| B. Universal Wast | e Activities | s; Complete all parts 1-2. | | C. Used Oil Activities; Complete all parts 1-4. | | | | |
| Y ☐ N 🗸 1. | | antity Handler of Universal ate 5,000 kg or more) [refer | | Y N V | Used Oil Transporter If "Yes," mark all that apply. | | | |
| | regulation | ns to determine what is required and its requirement in the control of the contro | gulated]. Indicate | | a. Transporter | | | |
| | mark all t | hat apply. | | | b. Transfer Facility (at your site) | | | |
| | a. Batterie | es | | Y N 🗸 | Used Oil Processor and/or Re-refiner If "Yes," mark all that apply. | | | |
| | b. Pesticio | des | Ō | (| a. Processor | | | |
| | c. Mercury | y containing equipment | | [| b. Re-refiner | | | |
| | | specify) | | Y N V | 3. Off-Specification Used Oil Burner | | | |
| | | specify) | Ē | Y N N | 4. Used Oil Fuel Marketer If "Yes," mark all that apply. | | | |
| Y | Destination | on Facility for Universal Wa nazardous waste permit may | |] | a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications | | | |

| E | EPA ID Numbe | r | | | | OMB#: 2050-0024 | ; Expires 01/31/2017 |
|-----|---|--|---|---|---|---|---|
| D. | D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K | | | | | | |
| | You ca | an ONLY Opt into Su | ubpart K if: | | | | |
| | • you agr | are at least one of t | the following: a colleging or university; or a no | e or university; a tead on-profit research ins | ching hospital that is c titute that is owned by | owned by or has a for y or has a formal affili | mal affiliation ation agreement with |
| | • you | have checked with | your State to determin | e if 40 CFR Part 262 | Subpart K is effective | e in your state | |
| Υ | N√ 1. (| Opting into or curren See the item-by-iter | tly operating under 40 m instructions for de | CFR Part 262 Subpa | art K for the managen f eligible academic e | nent of hazardous wa entities. Mark all tha | stes in laboratories t apply: |
| | | a. College or Unive | ersity | | | | |
| | | b. Teaching Hospi | tal that is owned by | or has a formal writ | ten affiliation agreer | ment with a college | or university |
| | | c. Non-profit Instit | ute that is owned by | or has a formal wri | tten affiliation agree | ment with a college | or university |
| | | | | | | | |
| Υ | N ✓ 2. \ | Withdrawing from 40 | CFR Part 262 Subpar | rt K for the managem | ent of hazardous was | stes in laboratories | |
| 11. | Description | of Hazardous Was | te | | | | |
| Α. | Waste Code your site. Lis spaces are r | st them in the order | Julated Hazardous W they are presented in t | astes. Please list the regulations (e.g., | e waste codes of the D001, D003, F007, U | Federal hazardous w l112). Use an additio | astes handled at nal page if more |
| | D008 | | | | | | |
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| в. | Waste Code hazardous w spaces are n | astes handled at yo | red (i.e., non-Federal) ur site. List them in th | Hazardous Wastes e order they are pres | s. Please list the wast sented in the regulation | te codes of the State- ins. Use an additiona | Regulated Il page if more |
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| EFA ID Number | | OMB#. 2050-0024, Expires 01/31/2017 | | | | |
|--|--|-------------------------------------|--|--|--|--|
| 12. Notification of Hazardous Secondary Material (HSM) Activity | | | | | | |
| Y N ✓ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)? | | | | | | |
| If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material. | | | | | | |
| 13. Comments | | | | | | |
| This material is the remains of an on site Firehouse that was built in 1907 and burned down on April 28, 2013. | | | | | | |
| 120 days Per Jalljempe | (631)761-9395 | | | | | |
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| | AND THE RESIDENCE OF THE PROPERTY OF THE PROPE | | | | | |
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| 4. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11). | | | | | | |
| Signature of legal owner, operator, or an authorized representative Name and Official Title (type or print) Date Signed (mm/dd/yyyy) | | | | | | |
| 305 | Michael Puntillo, Member | 02/10/2015 | | | | |
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| EPA ID Number | OMB#: 2050-0024; Expires 01/31/2017 |
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ADDENDUM TO THE SITE IDENTIFICATION FORM: NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY



ONLY fill out this form if:

- You are located in a State that allows you to manage excluded hazardous secondary material (HSM) under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent). See http://www.epa.gov/epawaste/hazard/dsw/statespf.htm for a list of eligible states; AND
- You are or will be managing excluded HSM in compliance with 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent) or you have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to manage any amount of excluded HSM under the exclusion(s) for at least one year. Do not include any information regarding your hazardous waste activities in this section.

| waste activities in this section. | | | | | | | | |
|---|--|---|---|--|--|--|--|--|
| Indicate reason for notification. Include dates where requested. | | | | | | | | |
| ☐ Facil | Facility will begin managing excluded HSM as of (mm/dd/yyyy). | | | | | | | |
| ☐ Facil | lity is sti | Il managing excluded HSM/re-notifying as re | equired by March 1 of each | even-numbered year. | | | | |
| | | stopped managing excluded HSM as of | | | | | | |
| | | 1000000 | | | | | | |
| 2. Descripti activity <u>Ol</u> | Description of excluded HSM activity. Please list the appropriate codes and quantities in short tons to describe your excluded HSM activity ONLY (do not include any information regarding your hazardous wastes). Use additional pages if more space is needed. | | | | | | | |
| a. Facility of (answer using codes listed in Code List sect the instruction | the tion of | b. Waste code(s) for HSM | c. Estimated short tons of excluded HSM to be managed annually | d. Actual short tons of excluded HSM that was managed during the most recent odd- numbered year | e. Land-based unit code (answer using codes listed in the Code List section of the instructions) | | | |
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| 3. Facility has financial assurance pursuant to 40 CFR 261.4(a)(24)(vi). (Financial assurance is required for reclaimers and intermediate facilities managing excluded HSM under 40 CFR 261.4(a)(24) and (25)) Y Does this facility have financial assurance pursuant to 40 CFR 261.4(a)(24)(vi)? | | | | | | | | |
| Y N Does this facility have financial assurance pursuant to 40 CFR 261.4(a)(24)(vi)? | | | | | | | | |

EPA Form 8700-12, 8700-13 A/B, 8700-23

Addendum Page ____ of 4___

EAST VIEW CONSTRUCTION LLC

725 Eastview Drive Central Islip, NY 11722 631-761-9395 AGENCY, REGION II

2015 MAR 24 A 10: 08

BRANCH

March 24, 2015

Mr. Nathaniel Edwards Environmental Protection Agency 290 Broadway New York, NY 10007-1866

RE: EPA # NYR000217521

Dear Mr. Edwards,

I would like to inform you that the material relating to EPA # NYR000217521 has been removed from our site using a certified Part 364 carrier permitted to transport hazardous waste and brought to a permitted hazardous waste facility. At this time we would like to close out said EPA #.

Please let me know if you have any additional questions or concerns.

Sincerely yours,

Jennifer Johnson

Construction Administrator